Advocates' FORUM 2012

A PUBLICATION BY STUDENTS OF THE UNIVERSITY OF CHICAGO SCHOOL OF SOCIAL SERVICE ADMINISTRATION

THE UNIVERSITY OF
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DEFINING PROBLEMS. SHAPING SOLUTIONS.

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MISSION STATEMENT

Advocates' Forum is an academic journal that explores implications of clinical social work practice, social issues, administration, and public policies linked to the social work profession. The Editorial Board of *Advocates' Forum* seeks to provide a medium through which SSA students can contribute to public thinking about social welfare and policy in theory and practice. Above all, *Advocates' Forum* serves to encourage and facilitate an open, scholarly exchange of ideas among individuals working toward the shared goal of a more just and humane society.

EDITORIAL POLICY

Advocates' Forum is published by the students of the School of Social Service Administration (SSA) at The University of Chicago. Submissions to the journal are selected by the editorial board from works submitted by SSA students and edited in an extensive revision process with the authors' permission. Responsibility for the accuracy of information contained in written submissions rests solely with the author. Views expressed within each article belong to the author and do not necessarily reflect the views of the editorial board, the School of Social Service Administration, or The University of Chicago. All inquiries and submissions should be directed to:

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ESSAYS AND ARTICLES

ON THE COVER
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FROM THE EDITOR

This year's issue of *Advocates' Forum* presents five articles whose authors offer singular perspectives on a range of issues—from examining chronic disease management and its positive impact on improving health outcomes for low-income individuals to the challenges of professionally transitioning from a clinician to an administrator. What all the articles have in common, however, is that they shine a social justice spotlight on issues in the United States. The domestic focus is unsurprising given that 2012 is a presidential election year—typically a time where people voice their concerns about and desire for changes in the state of the nation—and given that social work students continually serve as agile receptors and advocates for such concerns and changes. The authors featured in this year's journal are no exception.

I would like to sincerely thank Professor Virginia Parks, faculty adviser of *Advocates' Forum*, for her sound guidance and unceasing support of the journal; Daniel Listoe, editing consultant, for his nuanced and careful work with the authors; Julie Jung, Director of Communications; and Dean Neil Guterman. Finally, I would like to thank the editorial board for their hard work and dedication to ensure the quality and integrity of the journal. Their noteworthy efforts are clearly evident in the 2012 edition of *Advocates' Forum*.

Janet Li
EDITOR-IN-CHIEF

FROM CLINICIAN TO ADMINISTRATOR: SKILLS, STRUGGLES, STRENGTHS, AND STRATEGIES

By Andrea Freerksen
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Abstract

This paper discusses how social workers with a primarily clinical education and field experience can best transition into administrative roles in social work agencies. This exploratory investigation grew out of a review of relevant literature and informal interviews with four administrators with extensive clinical experience. It presents both the beneficial overlap between administrative and clinical work that enhances administrative competence and the challenges faced by transitioning clinicians. The paper concludes by presenting a range of strategies that transitioning clinicians can use to manage these challenges, as well as encouraging social work education programs to emphasize and provide increased training of both clinical and administrative methods to social work students, no matter what their specialization.

I n the last 40 years, social service administrative positions have increasingly been filled by professionals with degrees in business, public administration, or public health rather than master's level social workers (Wuenschel 2006). The declining presence of social work in social service administration means that services may be less aligned with social work ethics and values. If this trend continues, social service clients may suffer as a result of services becoming overly similar to business or public health models—models which cannot properly meet the needs of social service clients because they do not share or understand the inherent constraints of social services (Wilson 1989). The percentage of social work students specializing in administrative practice has declined, as has the percentage of members of the National Association of Social Workers who self-identify as administrators (Ezell, Chernesky and Healy 2004). At the same time, social work professionals with clinical backgrounds that engage

in direct practice continue to fill the majority of supervisory and middle-management roles (Kadushin and Harkness 2002). In a retrospective study of 200 social work administrators, only one-fifth of these administrators came from a purely administrative social work program, while about one-third came from a direct practice-focused education and one-half came from a mixed-focus education (Mor Barak, Travis and Bess 2004).

Given the decline in administrators trained as social workers and in social workers trained in administration, it is helpful to consider how social workers with primarily clinical education and field experience actually transition into administrative roles. This paper seeks to explore this transition by considering both the relevant literature and the cases of four select administrators who have extensive backgrounds in clinical work. The transition from clinical training to administrative capacity is then discussed in terms of: 1) shared skills of clinical and administrative roles; 2) discrepancies between clinical training and administrative responsibilities; 3) struggles common to clinical practice and social work administration; and 4) strategies used by professionals during their respective transitions.

CLINICAL TRAINING AS A SOURCE OF STRENGTH

Many skills learned in clinical training are also valued in administrative work, none more so than interpersonal skills. Core clinical skills such as empathy, respect, trust, listening, understanding the needs of others, self-awareness, self-reflection, and motivation can all aid an administrator. For example, an administrator's emotional-intelligence (composed of self-awareness, self-regulation, motivation, empathy, and social skills) has been found to impact strong management and organization performance, and becomes increasingly important the higher the administrator's role in the hierarchy (Goleman 1998). Clinical skills may help to create a "work alliance" between the administrator and staff as they pursue agency goals, one that parallels the therapeutic alliance between clinician and client in a treatment plan (Cousins 2004). A work alliance makes it easier for administrators to be transformational leaders who communicate goals well and motivate by influencing others' beliefs, values, and goals, rather than transactional leaders who rely on more tangible incentives to motivate staff (Kuhnert and Lewis 1987). Intrinsically motivating staff is particularly important for social work administrators, considering the low levels of tangible rewards, high levels of stress, and high amounts of discretion required for even lower-level employees in social work (Lipsky 2010).

Clinical skills developed when working with clients are also helpful when working with subordinates. There is often the need to understand

and work through staff resistance (Kotter and Schlessinger 1979), as well as manage transference and counter-transference as an authority figure (Daniels and Daniels 1989). This includes responding to extreme expectations during a leadership transition when the new administrator is considered either a "second rate replacement or flawless savior," similar to clients' expectations that a new therapist will be better or worse than the last (White 1985, 14).

A clinical background also helps administrators to better understand organizational systems and behavior. Because administrators depend on informal communication to make many decisions (Mintzberg 1990), the clinician's aptitude for observing and understanding latent meaning, content, and processes will help them to negotiate multiple systems to reach a desired, sometimes covert, end in their administrative role (Rosenberg and Clarke 1987). Furthermore, the systemic thinking necessary to understand a client's problem within multiple contexts also informs administrators on how to negotiate complex systems to achieve a desired goal. John, a clinician with thirty years of experience and currently a department director for a local government agency, insists, "Systemic thinking is very helpful in an administrative role. Being a social worker helped … being able to look at it from a systemic view. I think that somebody who is not would have been challenged by it."

Agency assessments and environmental scans are central to understanding an organization within its context (Hasenfeld 2009). Therefore, assessment skills are one more shared skill set between clinical and administrative social work, although assessment methods differ. Environmental scans and agency assessments may be thought of as a much more complicated client assessment. Understanding the need for assessment and knowing how to assess on a multisystemic level are skills learned from clinical experience which also serve as a helpful guide for new administrators (Lowe and Austin 1997).

THE DISADVANTAGES OF CLINICAL TRAINING

Not all administrative duties can be addressed through clinical training, which often neglects important aspects of administration; some clinical skills or ways of thinking can even be antithetical or dysfunctional when put into administrative practice (Hart 1984; Patti et al. 1979). For example, certain philosophical orientations that are valuable in clinical work act as a hindrance in administration. Among these is the clinical focus on client-centered, quality services, which conflicts with the agency-centered, cost-effective focus of the administrator. "The conflict is often expressed by business managers who complain that 'social workers don't care what

they do with the money' and social workers who complain that managers 'don't care what they do to people'" (Kadushin and Harkness 2002, 286). Transitioning clinicians must realign their focus to concentrate on the health of the *agency* rather than on that of the *client.* This means a shift from the individual-justice goal of the clinician to the equity-focused proportional justice of the administrator (Kadushin and Harkness 2002).

This may require an interpersonal approach that is not cultivated through clinical training. A clinician's indirect leadership style and minimal use of authority are examples of clinical mindsets that can hinder effective administration. For instance, the use of explicit authority and directive leadership is cited as one of the more difficult challenges for transitioning clinicians (Cousins 2004; Patti et al. 1979). Jeff notes: "In clinical work, I think the focus has been to try as much as possible to eliminate the power differential that is implicitly present, and as an administrator, that is harder to do." Honoring the concept of client self-determination, therapists lead indirectly and do not impose mandates on clients, while administrative roles typically require managers to be more demanding and directive with their staff (Kadushin and Harkness 2002; Patti et al. 1979). Likewise, while transparency with clients is prized in clinical work, full disclosure to staff may not always be appropriate (Cousins 2004). And just as self-determination has no place in the work alliance, the clinical concepts of endless patience, radical acceptance, and timelessness (e.g., "according to the client's pace") are inappropriate for administrators who must actively manage, set limits for, make demands on, and evaluate staff (Kadushin and Harkness 2002; Rosenberg and Clarke 1987).

In addition to interpersonal responsibilities, an administrator must be adept at handling finances, program management, and political lobbying to meet the needs of an agency. These skills, in addition to budgeting, grant writing, and fundraising, are often missing from a clinician's formal training (Patti et al. 1979). Jeff and Bruce, both experienced clinicians, co-founders, and directors of a social services agency, stated that budgeting and grant writing were some of the most difficult skills for them to learn as administrators because they were not taught these skills in graduate school. John said, "I had never written a grant. I inherited a grant and I had to figure out how to do that. Understanding our budget process, I had no idea. [My supervisor] thought I knew how to do that because I had a master's degree." Olivia, a clinician for fifteen years and associate director of a nonprofit agency for another fifteen, describes learning budgeting skills through experience, "You don't learn that in graduate school … no one really talks about the realities of budgeting. That was on-the-job training."

Moreover, the clinical focus on client-centered, quality services can conflict with the agency-centered, cost-effective focus of an agency

administrator. In other words, while the clinician's main focus is providing quality services, an administrator must balance quantity and quality of services rendered.

Clinicians also often lack the analytical skills and methods knowledge necessary to evaluate services and complete performance measurements because they typically lack formal training in organization and program management. Although John worked at his agency for fifteen years as a clinician and supervisor, he admits having to learn about the agency from a new perspective as an administrator: "I was not really a part of the political arena and management. ... I had to look at the system from a different point of view. I had a different set of responsibilities to meet."

While very good at advocating for their clients on an internal agency level, many administrators with clinical backgrounds struggle with advocacy for an entire agency through lobbying. This can prove to be a grave handicap, considering the growing dependence of social service agencies on government funding (Lynn 2002; Smith 2002). The clinician's internal, "here-and-now" focus may also impact the transitioning clinician's ability to engage in strategic planning. Strategic organizational planning is more complex and has a directional, future-and-external orientation (Andrews 1996) which clashes with the internal, here-and-now orientation of the clinician.

COMMON STRUGGLES OF ROLE TRANSITION

One of the primary challenges of the transitioning clinician is to learn a large number of new skills in a short period of time (Patti et al. 1979) while juggling the pervasive self-doubt that accompanies the learning curve (Ewalt 1980). All four administrators interviewed noted this as a primary concern. Jeff cited becoming comfortable with not knowing and John cited accepting what will not change as important steps in the learning curve.

Most clinicians transitioning into administration will experience role discontinuity and identity confusion (Hart 1984; Patti et al. 1979). The transitioning professional must learn to juggle the conflicting roles, lenses, and demands of the clinical and administrative worlds, particularly if the administrator retains a client caseload. Transitioning clinicians may also experience a professional identity crisis because of the loss of "conceptual and emotional 'anchors'" (White 1985, 14). Some social workers experience a sense of loss of stimulation, purpose, or passion previously derived from direct services work (Kadushin and Harkness 2002). Furthermore, because a philosophical competition exists between clinical and administrative social work over the most effective methods and important functions, the new

administrator may feel guilty, apologetic, or unfulfilled when leaving direct practice for administration (Kadushin and Harkness 2002).

Part of the transitioning clinician's identity crisis relates to the agency's politics and hierarchical structure. Clinicians often try to fill a neutral role in agency politics, but the managerial role is by nature more directive (Cousins 2004). John stated, "Not really knowing the political environment, that was the hardest part. Even though I've worked here since 1993, I really didn't understand the political system and how that affects the operation of departments." Some new administrators have even questioned their decision to move into administration as either naïve or "selling out" and becoming part of the "oppressive" hierarchy they wish to fight against (Cousins 2004; Ewalt 1980; Rosenberg and Clarke 1987; White 1985). Since administrators with clinical backgrounds are more often found in middle management, they are often caught managing relationships and conflicting goals and demands from both above and below (Holloway 1980). Understanding and relating effectively to the more political aspects of administration was cited as one of the most common struggles of transitioning clinicians (Kadushin and Harkness 2002; Patti et al. 1979).

One common way clinicians who become administrators struggle with managing staff is treating their subordinates like clients (Patti et al. 1979) by failing to adjust their focus in the work alliance from the goals of the subordinate (the equivalent of the client in a therapeutic alliance) to those of the agency (Daniels and Daniels 1989). Treating subordinates like clients also occurs when the administrator uses inappropriate management methods, such as indirect leadership, radical acceptance, and unlimited patience, when limit-setting and assessment of work completed would be more appropriate (Kadushin and Harkness 2002).

New administrators must also create "qualitatively different relationships" with subordinates who may have recently been peers (White 1985). Olivia notes, "When you become an administrator, you still struggle with establishing boundaries with colleagues and you relate with them in a different way than you used to. So you end up having to realign those boundaries." These relationships are characterized by more structure, less spontaneity, and greater guardedness (Kadushin and Harkness 2002). The new administrator must adjust to the authority and power that accompany an administrative role. Jeff reflects, "I think the piece that creates more distance with staff isn't about our knowledge, it's about the perceived power we have over their employment, salaries, their evaluation, and that I don't like. It's there and it's implicit in the role, but it's probably the thing I dislike the most about managing an organization."

The staff must adjust as well, and may respond with jealousy or accusations of "selling out" (Cousins 2004; Kadushin and Harkness 2002; Rosenberg and Clarke 1987). This distancing from staff creates isolation for administrators. Jeff notes, "The higher the administrative role, the greater my sense of isolation. In middle management and as a clinical supervisor I had many more peers. As an agency director, my peers are other agency directors, so it's not like I can walk next door and ask someone. In social work, it's all about community, and … to not have that community is one of the things about this role that I don't like."

STRATEGIES FOR ADJUSTMENT

Most clinicians who made the transition into administration speak of a steep learning curve that requires a great deal of time and energy. In this sense, time and experience are the best teachers (White 1985). Bruce cited implicit, experiential learning as the main strategy he used in his transition into administration. "It was much more … watching and asking questions, and learning by doing, rather than sitting down and someone saying 'this is how you do this.'" Jeff stated it was only after serving as a grant reviewer in Washington, DC, that he learned how to write more effective grants. Just as clinicians experiment with different interventions in therapy, so do new administrators learn by trial and error (White 1985). However, since administrators do not necessarily improve in competency through experience and time alone (Cousins 2004), clinicians transitioning into administrative roles may benefit from utilizing other strategies to ameliorate differences and overcome challenges.

Continuing education and research are the most highly recommended strategies in the literature (Patti et al. 1979). Transitioning clinicians are encouraged to seek out seminars, workshops, classes, and trainings in a process parallel to their clinical training. Training and professional development opportunities allow a new manager to develop techniques and tools for their "administrative tool box," much like the proverbial therapist's toolbox, from which they can draw in various administrative situations (Cousins 2004). John describes his utilization of research and training to improve his management skills: "I came to SSA quite a bit during that transition. They have great courses and workshops in social work administration, which I found very helpful. I read a lot of books on management."

Returning to the agency's mission statement may be a useful tool in creating motivation for change both above with superiors and below with subordinates. Clarifying the agency's mission and values is often cited as an integral part of strategic planning and change (Bryson 2004). John reflects, "One thing that always helped me was having a mission statement for the department, because once [my predecessor] left and the board put a lot of

expectations on me to change things in the department, some of the things they asked me to do did not fit the mission statement, so I was able to use that as a shield."

Like direct practitioners, administrators often need help navigating moral and ethical dilemmas (Cousins 2004). Consulting with peer administrators, supervisors, and mentors is recommended (White 1985). In fact, 92% of social service administrators report benefiting from a mentor (Kelly 2001). Cousins (2004) also recommends seeking out supervision or consultation from outside the agency in order to best reflect on organizational politics. Olivia notes, "My strategy has been to seek out individuals to consult with, and usually you would end up going two different places, one for clinical and one for more administrative insight." Bruce adds, "There were some things I didn't know how to do, and so I needed someone to just tell me how to do them." This practice also models advice seeking behavior for staff (Cousins 2004).

For managing subordinates and interpersonal work relationships, being open and honest with both oneself and one's staff is crucial, as is creating a collaborative work environment. Key elements in creating an efficacious, efficient work relationship and culture are honesty, openness, fairness, and objective-decision making (Daniels and Daniels 1989). Clinical capacities for self-awareness, self-reflection, and self-regulation are essential to create this type of environment. Cousins (2004) recommends openly discussing, when appropriate, struggles and unknowns with staff in order to create a culture and structure that is supportive to collaborative problem-solving. Bruce spoke of creating a collaborative approach with staff, and Jeff described, "Both of us will sit with our doors open and people will pass us without sticking their heads in because they don't think they can or they're afraid. We have had to tell people 'when you walk by, please poke your head in.'" Holloway (1980) recommends starting slow and being collaborative with staff. Olivia agrees: "The thing about social work is communication is at the core of everything … It takes a tremendous amount of time to be collaborative, reflective, and process things. It takes a lot of time and energy to have a team approach and make that work successfully. It's all well worth it because if an entire team agrees with a decision, chances are it's a good decision."

To avoid becoming isolated or overwhelmed, a transitioning clinician should structure the hierarchy to allow for the development of a strong management team. Delegation and reliance upon a dependable deputy are crucial elements of successful management (Rosenberg and Clarke 1987). Jeff and Bruce found it helpful to divide and conquer administrative responsibilities. Jeff, the CEO, states, "The difference is we've divided up the responsibilities, based on our individual strengths and interests. One

of the differences with more traditional structures is that I don't supervise Bruce … [it's] very collaborative." Bruce, the COO, adds, "There's a certain hierarchy. Jeff as CEO holds the vision for the organization … and that allows me to tend to the more day-to-day functions. There is a leader, and we also function as business partners in the organization, [there is] definitely a sense of team." Additionally, new peer relationships should be formed with other administrators within as well as outside the agency to replace peer relationships lost during the transition into administration (White 1985).

Lastly, while transitioning clinicians should seek out emotional support from friends and family (Cousins 2004; White 1985), self-care is just as important a coping strategy in administrative social work as it is in clinical practice. Olivia reflects on the importance of self-care: "Taking care of yourself is pivotal … At certain stages of your job, you have to reevaluate the amount of energy you are putting into the job and energy you are putting into taking care of yourself, and then figure out what you have to do differently in order to maintain your work." This belief mirrors Underwood's (2011) recommendations about assessing one's energy expenditures and the way they impact one's life, identifying controllable stressors, and developing plans to manage them. An example of a plan might be using mindfulness or relaxation techniques. John describes the benefits of using yoga during his transition: "Yoga saved my life, just literally stretching and challenging myself physically, and consciously breathing, because I found myself not breathing because the learning curve was huge."

CONCLUSION

While there are many challenges a clinically trained social worker will face in adapting to an administrative role, studies of transitioning clinicians show that it is possible to make the transition (Patti et al. 1979; Scurfield 1980). It requires an adaptation of knowledge and skills "rather than a comprehensive and fundamental retraining" (Patti et al. 1979, 151; Scurfield 1980) and a trust that their clinical background can be a strength. As Bruce reflected, "The biggest surprise to me was to find that I could do some of the things I thought I couldn't do." Or in the words of Olivia: "Having the clinical background and lens is key. You end up applying the principles to yourself. You understand group dynamics and parallel processes. It gives you insight into the organization."

Administrators with clinical backgrounds hold uniquely informed positions because they are often more attuned to clients' needs and social work values, and therefore can impact programs differently than

administrators of other backgrounds (Rosenberg and Clarke 1987; Wuenschel 2006). They maintain a uniquely structured position in the agency's hierarchy, as they straddle both the service and management domains described in domain theory (White 1985). Many clinicians turned administrators even feel the dual role fulfills all aspects of social work and gratifies a variety of professional needs in a way that purely clinical or administrative roles cannot (Rosenberg and Clarke 1987).

This discussion of skill sets, struggles, strengths, and strategies suggests implications for social work training programs and clinicians who are either in training or considering a transition into administration. Social work education programs may consider making a greater effort to develop programs that prepare social work students in skills and concepts related to both clinical and administrative roles, no matter their specialized program of study. This will involve filling in the gaps of traditional social work education, such as fundraising and budgeting. Clinicians currently transitioning into administration may consider utilizing the strategies discussed here to help navigate struggles and bridge skill gaps.

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UNFULFILLED FUTURES: MORAL MAINTENANCE IN DOMESTIC PRIVATE ADOPTION

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Abstract

Private domestic infant adoption in the United States is an emotionally, psychologically, and financially fraught process. Since the economic downturn of 2008, "fall-throughs"—where a birth mother accepts money from a prospective adoptive family and then decides not to place the baby—have become more common. This ethnographic article examines the dynamics of these risky adoption exchanges as managed by the Chicago-area First Steps Adoption Center. Using the lens of clinical social work, the paper investigates the detective and protective strategies—indeed, the moral maintenance—adoption social workers employ to mitigate the effects of the "fall-through" for all parties to the adoption process.

August 18, 2009

It was blustery and hot in Chicago that day. Like many other days that summer, I was out in the field with Stella, an adoption social worker employed at First Steps Adoption Center.[1] As an intern at the agency, my duties included "tooling around" with Stella as she visited birth mothers—providing counseling and collecting paperwork, taking them to lunch, delivering money. On this particular day, we were visiting Valerie at her home on the west side of the city. We were coming from a suburban Wal-Mart where Stella had purchased a $300 gift card for Valerie as part of her "legally allowable birth mother expenses."[2] The money had been provided by the family that would adopt her baby, which was due in the coming months.

Stella parked her little blue Honda hatchback along the street. Valerie's building was flanked on one side by a similar brick walk-up, and on the other by a grassy vacant lot. The neighborhood was residential and the

only visible businesses were a check-cashing outlet and a small mini-mart/
liquor store, markers of the neighborhood's state of "advanced marginality."[3]
We entered the building and walked up three flights of stairs to Valerie's
apartment. Valerie, noticeably pregnant, answered the door with a smile and
sweetly invited us inside. She exuded openness and calm, but seemed tired.
We sat on the couch, and I took in the surroundings while Valerie and Stella
talked. The carpeted living room was small, but had a matching couch and
love seat, a set of glass-topped coffee/end tables, a flat-screen television, a
laptop, and a printer. Valerie told us that her fiancé had recently been shot
and killed. He had been her main financial support (she has other children),
but that after the pregnancy she expected to go back to work. Making
matters worse, her mother had recently been diagnosed with cancer. Sharing
this sad news, Valerie was strong, steady, and faithful; she did not cry. Her
main concern genuinely seemed to be bringing a healthy baby into the
world for the adoptive family she had chosen weeks earlier.

Stella explained to Valerie how the family that would adopt her baby
had experienced a previous "fall-through." They had given a birth mother
$1,000 for living expenses and without warning she had gone to another
agency and chosen a different family. Valerie told us how she had been
keeping in touch with the family by e-mail, sending ultrasound images,
asking if they had bought anything for the baby yet, etc. She said that
something just felt good, "felt so right," about being able to give a child,
an indescribable "miracle," to someone who could not carry their own.
The feeling was so strong that she even expressed interest in becoming a
surrogate.

Several weeks later, however, Valerie's phone number was disconnected,
and we never heard from her again. As far as Stella knows, she never placed
the baby.

This paper explores, broadly, troubled adoption exchanges as perceived
through the eyes of social workers like Stella. More specifically, it tries
to analyze the emotional, psychological, and inherently social labor that
social workers must carry out in order to protect themselves, the infant, the
adoptive family, and the birth mother from the various risks inherent to
private adoption. The problem faced by Stella and other adoption workers,
however, is that the underlying motives of a birth mother, or any human
being for that matter, can never truly be known, and social workers carry
out a measure of precarious policing within this space of uncertainty. When
a baby (or the idea of a future baby) gets diverted into the market realm
via the exchange of money for birth mother expenses, what are the moral
implications of an ensuing fall-through? And how do the social workers at
First Steps navigate this morally challenging terrain? This piece, which may
be considered a person-centered ethnography, is a very small part of a larger

anthropological study focusing on the flows and futures of private adoption at First Steps and in the greater Chicago area.

THE INTIMATE IS ECONOMIC

Mentioning money and adoption in the same breath is disquieting. It raises the specter of child trafficking or economic coercion, and recalls sensationalized adoption scandals that occasionally surface in Western media.[4] American societal norms tend to dictate that the economic and the intimate be kept separate,[5] but from an anthropological perspective "it is perhaps by now a given that most forms of kinship are intertwined with market exchanges of various kinds, without necessarily being reducible to them" (Dorow 2010, 70). Both Kopytoff (1986; 2004) and Zelizer (1985; 2005) have studied the intersection of intimacy and monetary exchange and argue that the intimate and economic realms interact more than we might like to admit. Kopytoff (2004) contends:

> In the modern American and general Western perspective … there is a *moral* threat in the commoditization of children and, by extension, of human reproduction; the threat lies in the possible invasion of the human and sacralized world of kinship by economistic principles deemed appropriate only to the world of things. (272; emphasis added)

According to Kopytoff (2004), economism (including commoditization) in kinship relations is "natural" and widespread, the two realms often coming into cultural and ideological conflict.

In this context, morality becomes the node at which Western notions of the economic and intimate realms intersect. Private adoption presents an excellent opportunity to observe and analyze this intersection, for the infant adoptee in American culture can be imagined as an example of a diverted commodity. Such commodities are "objects placed into a commodity state though originally specifically protected from it" (Appadurai 1986, 16). According to Appadurai (1986), "the diversion of commodities from their customary paths always carries a *risky* and *morally ambiguous* aura" (27; emphasis added). Following Appadurai further, we can mark a distinction between diversion and a process he calls enclaving. While diversion draws what was protected into the realm of commodities, "enclaving seeks to protect certain things from commoditization" (Appadurai 1986, 26). A process I will call *moral maintenance* is an example of enclaving in which certain subjects/objects, such as adopted children, are specifically and actively protected from being perceived as part of a commodity market. This notion of moral maintenance refers to a type of discursive and regulatory labor carried out to defend and protect the intimate realm against ostensibly immoral economic encroachments.

Dorow (2010, 74) draws our attention to something like moral maintenance in her study of Chinese adoption, in which international facilitators are shown protecting adoptive parents from "signs of a commodified child." Dorow (2010, 72) contends, "A complex intersection of economic, political, cultural, and emotional labor by the formal facilitators of adoption buffers the production of kinship from the raced, gendered, and classed excesses of marketized relations that would make parent and child into consumer and consumed." Moral maintenance is also involved in the rhetorical disavowal of adoption as being in any way economized. Goodwin (2010, 2) argues, "the free market in children, as a concept, is rejected based on what it symbolizes, including its argued resemblance to slavery or the auction block."[6] Dorow (2010), however, has argued that despite this rejection of financial motivations in the adoption process, the free market in children does exist and continues to influence how adoptions unfold. Alluding to the market's negative impacts on adoption, Dorow (2010, 81) closes, "While markets play a key and even welcomed role in the production of transnational, transracial adoptive kinship, they only sometimes absorb or deflect the dangers of commodification." One of these dangers is, inevitably, the fall-through. When I asked Stella to differentiate adoption from child-buying, she argued that several central aspects of child trafficking were absent from legitimate adoption: spontaneous or unexplained fees, working with non-certified individuals, and the absence of paperwork. In Stella's view, the line between adoption and illicit trafficking is marked by a lack of regulation, a defining trait of baby markets (Goodwin 2010).

In both lay and scholarly discourse, adoptees have been conceptualized as both market commodity (Rothman 2004; Roberts 1997; Dorow 2010; Ertman 2010; Goodwin 2010) and gift (Buckley 2001; Firth 2006; Gift of Adoption Fund 2009; A Precious Gift 2010; Gift of Life Adoptions 2010). However, in an analysis of domestic adoption fall-throughs and possible birth mother "scams," it is difficult to conceptualize the unborn adoptee as anything more than an idea, potentiality, or future, which as such may be *more* powerful than a living, breathing, material child. This future is one in which large investments are made, not unlike what occurs in the realm of futures trading. The idea of baby as future or potentiality requires a great deal of emotional, temporal, and financial investment. These investments put the adoptive family at a great deal of perceived risk; the risk of losing not just hundreds or thousands of dollars and months or years of their time,[7] but the risk of losing what they have already come to think of as their son or daughter, an as yet unborn child.

September 7, 2010

One afternoon while Stella and I were on our way back from a hospital in the suburbs, Stella's cell phone rang and she answered it with her usual singsongy "Hello, this is Stella." From the passenger seat I could hear shouting on the other end. Stella's eyes widened and she held the phone a couple of inches away from her ear. After several seconds she said, "Okay Mallory, okay, put her on the phone." Mallory was one of First Steps' birth mothers who had recently placed her daughter; she called Stella several times a day throughout the adoption process. Stella spoke calmly, reassuring the person on the other end that Mallory had not "sold" the baby, that she had chosen an adoptive family very carefully and placed the child with them. Her measured and patient tone revealed that this speech was rehearsed. Another bout of shrieking emanated from the phone, and I saw Stella roll her eyes. She repeated: "Mallory *did not sell* her baby." There was a pause. "Okay? Okay, you can put Mallory back on," she said. A few more seconds passed. "You're welcome Mallory. Okay, bye bye now." The person shouting had been Mallory's sister who, when she learned of the adoption plan after the fact, accused Mallory of selling her baby. The eruption of shrieking on the other end of the phone was their heated debate over the link between private adoption and "baby-selling."

Mallory's panicked call to Stella, when accused of selling her child, is an example that illustrates multiple efforts at moral maintenance. Mallory performed moral maintenance by refuting her sister's claim and making the call, relying on Stella's authority and expertise to support her counterclaim. In turn, Stella performed moral maintenance by clarifying the terms of the adoption so as to set it apart from child-selling. Even in the event of a "successful" placement, Stella's work to protect Mallory as well as the institution of adoption itself from the fall-out of this common cultural association is evident. One wonders which situation carries a higher level of moral threat: a completed adoption in which a birth mother effectively exchanges her baby for money to pay living expenses (and for other reasons as well); or a fall-through in which the birth mother accepts money and then disappears without placing, thus keeping her intimate kinship relation with that child intact while breaking a socially constructed but unspoken financial agreement.

BIRTH-MOTHER MOTIVES AND "SCAM" DETECTION

Social work at First Steps consists of a complex amalgam of detective work, risk management, and as we have seen, moral maintenance (which in a sense, encompasses both detective work and risk management) in order to protect all parties to adoption, as well as the institution of adoption itself,

from the negative effects of commoditization. Floersch (2002) notes that within the context of social work, case managers pass moral judgment on a daily basis (126). He continues, "The case workers I studied were constantly reacting to the influences of money on their work, and their own experience with money was refracted or read into moral dilemmas" (128). This is also true of the social work that takes place at First Steps. Part of Stella's job is to mitigate the complex effects of the two-pronged question of money and morality, which seeps into the adoption process at virtually every stage, especially the moment at which a birth mother decides whether to sign a form that legally marks her intent to surrender the child and irreversibly terminates her parental rights.

As of July 2010, Stella estimated First Steps' fall-through rate at about 70%. For every ten birth mothers matched with families by the agency, in Stella's eyes, only three ended up surrendering their babies. This figure is not based on an actual analysis of agency data, but is instead an example of a "subjective probability," in which "the probabilities assigned depend on the points of view, feelings, or convictions of the actors" (Callon, Lascoumes, and Barthe 2001, 19). Subjective probabilities help social workers at First Steps calculate risk in the realm of uncertainty. Even with this purportedly high rate, not all adoptive families that experience fall-throughs also suffer financial loss because not all birth mothers request some form of legally allowable birth mother expenses before the birth of the child, although many do. Indeed, the recession of the past few years appears to have triggered an increase in the number of birth mothers requesting money. I remember one First Steps social worker likening birth mothers to "slippery little eels" during the last couple months of their pregnancies, describing the challenges social workers often meet when trying to maintain contact; a meeting would be missed or cancelled, a cell phone would be disconnected, no forwarding address would be left, one day they would simply "disappear." In these situations, adoptive families are left without closure, but the social workers remain to counsel them through the loss, a kind of symbolic miscarriage.

The tension present in the agency during the final months of a pregnancy is palpable. Stella fields calls from increasingly stressed and apprehensive adoptive parents, seeking some sort of reassurance that the process will be completed. Every day that goes by puts the family one day closer to the birth of what they hope will be their child, and every day Stella half-expects a birth mother's unexplained disappearance. In the event of a fall-through, staff at First Steps must pass moral judgments in order to make sense of the event for the adoptive client. One of those moral judgments involves trying to determine whether or not a "scam" has taken place.[8]

Stella could remember three separate occasions on which she discovered a birth mother "working" more than one agency simultaneously and collecting money from both.[9] "It takes some mastery to uncover it," she admitted, alluding to her own investigative skills. Here the logic of detective work is that it should mitigate risk by allowing social workers to identify "scammers." This rarely works out in practice however, and the social workers are aware of this. Stella continued:

And there is a fine line. Who really knows if it's a scam? It's set up so that you can take money and walk away. And that's the right thing; nobody should be able to force you. But the line can blur so easily. And adoptive families will say, "Well didn't you know? Can't you figure it out? Weren't there signs? How do you screen them?"

These types of reactions from adoptive families indicate that they expect a certain amount of detective work to be carried out by their social workers in order to evaluate the level of risk involved in a given exchange. As Stella lamented, the successful "screening" of birth mothers was simply impossible given the myriad conditions that determine the outcome of a pregnancy and adoption plan, not to mention the immense heterogeneity—personalities, circumstances, emotional states, etc.—of birth mothers. Furthermore, Stella's judgment of the rightness of the process, in which one "can take money and walk away," points to the complicated ways in which a process designed to prevent immoral coercion produces a different set of moral dilemmas.

Stella often listed "red flags," or warning signs which made her suspicious of certain birth mothers. But even in the face of her suspicions, Stella always continued to work with the mothers until they gave her a legitimate reason not to; a *suspicion* alone of "scamming" was never sufficient *evidence* of a scam. In the case of Valerie, for instance, Stella suspected she was working with her sister, Angeline, who herself had a history of fall-throughs:

The red flag for me was that I had been to that same apartment building [Valerie's] for another birth mother, and they both described their own mothers as having cancer. Based on confidentiality I didn't want to ask one or the other, "Whoa, is Angeline your sister?" So I never asked that, but that seemed very strange. And Angeline had not placed two kids, and had taken a lot of money for both of those kids. So I had a big red flag about Valerie. And there was some question about a family that lived in Germany, who really were unable to pay any more monies. And at first it seemed to me she didn't want money, and then she said she couldn't manage without more money, and if she had to she would change families. And we did because she said she needed help with her rent. So she took the money. Her mother died of cancer, at the same

time Angeline's mother died of cancer. Angeline fell through, and Valerie eventually fell through.

Despite the warning signs, Stella nonetheless continued to provide Valerie with the support that was purportedly needed, up until the point that contact was lost.

Another story Stella often told was of a woman who claimed that her baby had "passed:"

> I had one birth mother that took a lot of money, and was again this kind of desperate person, texting texting. And I put a lid on how much she was gonna get. No more rent, until—that was the agreement that we had—until the baby's born. I remember going down, taking $50 out of my pocket and bought her food. She called me and did a long set of texting, saying that the cord had wrapped around the baby's neck, wrapped around the baby's shoulder, taken the baby's arm off. And um, never said the word "died," but obviously, and I think we talked about "passed," and when this happened, and she was very upset and she said, "Of course, well you didn't get what you want, so you're done with me, right?" I called that social worker at that particular hospital, and said, "I would really like to verify that there was a death, of a child, for closure for the adoptive family." And she of course told me about confidentiality, and I said "I have, in the record, an authorization for medical records signed by the mother that I can fax you."

When Stella looked into the case she found that no baby had died, no baby had been born, and that there was no trace of prenatal care. Was there ever a baby then, or just the idea of one?

During my time at the agency I heard this story from Stella multiple times. She often spoke in lengthy rambling paragraphs, like those I have included above, a testament to the level of discursive labor devoted to rationalizing and explaining the process, the talk itself a form of moral maintenance. According to Stella, that case "came in a grouping of birth mothers, who were at the same hospital; several of whom shared stories of rape and assault." The notion that birth mothers might have been colluding to work the system was particularly disturbing to Stella, but she conceded, "If anybody is going to fit in the slot or the role of thinking about giving up their child, well, what would one expect? If you're going to be considering that at all, you know you're going to have some pressures and some needs. Or you wouldn't be there," again referencing the moral tug-of-war the adoption process creates. Indeed, changing social trends—including the wider availability of birth control and the growing social acceptance of single motherhood—have narrowed the population of women who now

seek adoption services; many more of these mothers are poor and socially marginalized.

Whether or not certain birth mothers truly were working in tandem or alone with the goal of taking money and walking away will most likely never be known. Their actions and decisions, however motivated, do have moral implications for the ways in which adoption cases are processed by the agency, including the difficulty faced by social workers of distinguishing adoption from baby-selling (and striving to protect the former from the immoral encroachment of commoditization), as well as deciding how to proceed with an adoptive family that has invested, and then lost, thousands of dollars in the mere idea of a baby, perhaps multiple times. Each time a fall-through occurs (whether as the result of malicious intent or not) and an adoptive family loses money and the hope of a child, social workers are pressured to be even more vigilant in spotting potential fall-throughs. The most challenging part of exploring these so-called scams is the methodological challenge of hearing the birth mother's side of the story after the fact.

Perhaps the most telling glimpse into the conflicted feelings birth mothers have toward the creation and completion of the adoption plan lies in a text that Stella received from Selene, a birth mother who had recently slipped off the grid. About two weeks after Stella gave up trying to contact her, in September of 2010, Selene sent Stella a text message:[10] "Had a baby girl on the 10th. 8lbs 7oz beautiful. named her ZARA. can you please tell Alex and Steven I send them my deepest apology. one look at her and I just culdn't bring myself to giving her away." During my entire time at First Steps (the summers of 2009-11 and intermittently during the academic year), this was the only time I can recall that a birth mother considered a fall-through contacted Stella, or anyone else at the agency, with an explanation.

MANAGING THE AFTERMATH OF THE FALL-THROUGH

About a month after Stella and I met Valerie, she switched families because she needed more money than the first family with whom she was matched could pay. When this happened, the agency was split down the middle on what steps to take next for the adoptive family Valerie had left. The following is an excerpt from my field notes from that day, August 27, 2009:

> There's a bit of a scandal brewing at the agency. Valerie, who I went to see with Stella last week, was matched with a family from Germany. But she wants/needs more money than they can give. So we're having to rematch her with a different family. Problem is, the first family has already paid some of her expenses. So should the 2nd family have to reimburse them? It will be their baby in the end.

> The office is divided: Stella says yes. Dotty [the agency founder] says no. Rita [another intern] says the whole thing makes her sick.

This particular type of fall-through is a rare occurrence; a solution for this dilemma has yet to be codified into standard agency protocol. When I interviewed Stella about the situation later, she told me, "I think it [reimbursement] is the right thing to do if they [the second family] accept placement. I think it should be brought up. I don't think you can make them, but you can strongly, strongly encourage." In Stella's opinion (which actually closely resembles market logic), it is only rational that the original family be reimbursed, since technically, the second family received something for which the first paid. Furthermore, Stella's use of the qualifier "right" signals her moral stance. This is part of the "moral discourse" of adoption: "the emergent, experience-near commentary on the rightness and wrongness of clinical action" (Brodwin 2008, 130). Stella continued, "I had one mom who took money; the following day another agency called me to say they were now working with this woman. And I asked for reimbursement for the family and they said well they would see. And they never did. That's not right. That is ethically not right." This was the same family with whom Valerie was originally matched. Social workers at First Steps must occasionally guide one adoptive family through *multiple* fall-throughs before a placement is achieved.[11]

It is not uncommon for birth mothers to place multiple children through First Steps. Occasionally, a birth mother will fall through and then return, sometimes years later, with another pregnancy, wishing to place. One birth mother had successfully placed a baby, had a fall-through, and then returned, pregnant again. To her Stella said, "Call me when you go into the hospital if you still wanna do this … no more money." The agency was only willing to facilitate this placement as a born baby, a *real* child rather than a potentiality or future which simply carried too much risk. This particular type of risk management serves to bridge the gap between baby-as-future and baby-as-real-entity-in-the-world. Stella continued, "And Angeline called me a third one too, and I said, 'Just call me when you're in the hospital, because we just can't do this.'" The high rate of fall-throughs, some of which appear to staff to be "scams," forces social workers to take measures to protect adoptive families. For example, Stella related to me the following about a situation with birth mother Celeste:

> She had received money for several months … I think it was about $300 per month, which Leslie [the adoptive mother] could afford. Right before she was about to deliver, she was due more money but I put a halt on that until we had some medical confirmation. She made arrangements to get me this from the doctor's appointment that day and never showed up or called again. She had also during this time agreed by phone with Leslie and her sister's arrangements

to fly here. So who knows what ever really happened? I told Leslie she was not to fly until we had this documentation.

The requirement of medical confirmation—concrete, scientific knowledge—of pregnancy and fetal health is one way that social workers are able to investigate the probability of successful placement and ascertain whether or not they are being "scammed" by a birth mother; throughout the adoption process a great deal of emphasis is placed on prenatal care.

In August of 2010, another birth mother became unreachable, and the adoptive family waited in Oklahoma City, car packed, for Stella's okay to drive the twelve hours to Chicago. The birth mother was never located; her due date came and went. Stella's reluctance to allow both Leslie and the family from Oklahoma to make the long trip to Chicago prematurely is an example of her practice of risk management. This type of travel by adoptive families involves a considerable investment of money, emotional energy, and time, and if undertaken too hastily, may not result in any kind of positive return. Quite the opposite in fact; it may end in loss. Effective risk management at one stage of the adoption process could mean less need for moral maintenance later on; the reduction of investment is one way to effectively manage risk. Adoptive families from outside the Chicago area, therefore, are only encouraged to travel after the surrenders, which officially terminate biological parental rights, have been signed. This policy, enforced by First Steps' social workers, helps adoptive families avoid unnecessary expenditures of money and emotional energy for futures that will never be. In addition, throughout the adoption process, social workers try to keep adoptive parents' emotional investment in the child as low as possible by reminding them often that they are always at risk of a fall-through.

It is crucial to note that staff members at First Steps, though wary of birth mother "scams," fully support a mother's decision to keep her baby at any time in the process. Illinois law forbids a mother to sign surrenders sooner than 72 hours after the baby is born, and those three days are often a very stressful and precarious time for agency workers and adoptive families. The tension present in these 72 hours is akin to the anticipation which slowly brews over the last two or three months of a pregnancy compounded and condensed into three days. During this time, the baby is no longer a potentiality, but a real living being, a real daughter or son who, for the adoptive family is accompanied by the specter of a birth mother who can still change her mind. However, Stella has observed that more often than not, if the birth mother stays in contact with the agency up through the birth of the baby, she will continue on with the adoption process. Most fall-throughs occur without warning, before the birth of the baby (while it remains an idea or potentiality), and the only indication is lack of contact.

Subjective probabilities like this one allow Stella to concretize in a sense the highly volatile and subjective experience of birth-motherhood and pre-placement. Furthermore, these folk statistics, like Stella's rough estimation of a 70% fall-through rate, allow her to communicate risk more effectively to the waiting adoptive parents who grasp for any scrap of assurance in a sea of uncertainty, in an attempt to manage that risk.

CONCLUSION

As Appadurai (1986) has argued, the diversion of commodities carries with it "a touch of the morally shocking" (28). He also notes that "the force of demand" for enclaved commodities, such as future children, "is such as to make them circulate with considerable velocity" (24). An analysis of the role of money in the adoption process, particularly through the lens of the fall-through phenomenon and the moral issues it raises, illustrates the complex ways that morality represents one node at which the economic and the intimate intersect, and the ways in which social workers at First Steps work to mitigate the effects of this intersection. It also sheds light on the ways in which we might imagine the future child as both an enclaved and diverted subject/object.

Indeed, adoption exchanges are also fraught with the factors of power: Stella is white, middle class, an institutional agent; the birth mothers are most often African American, low-income, on occasion homeless, and sometimes suffering from addiction, trauma, or mental illness. Stella said she often felt like a mother to the struggling young women with whom she worked, but that eventually, after a successful placement, her role often converted uncomfortably to "the person who took away the baby." But whereas social workers generally have the *immense* power to remove children from their biological parents in certain situations, in adoption cases birth mothers retain a great deal of power until the indication of surrender is signed. Until they relinquish their parental rights, they are free to sever ties to the agency, carrying with them another's idea of a coming baby, which for many *adoptive* families, is akin to losing a biological child through death or state action. The families traffic in futures; attachments are formed even before the baby takes its first breath.

The choices and judgments that birth mothers and social workers make during the adoption process are highly conditioned by a number of factors, and subjects practice a complicated form of discursive and regulatory moral maintenance to defend their intimate actions from the cultural and ideological contamination of the market. Perhaps Valerie's stated desire to become a surrogate was simply an instance of "flipping the script" (Carr 2010); it is equally possible that she was being completely sincere at the

time. By nature, birth-mother motives are just part of the vast unknowable for social workers and ethnographers alike, but this does not prevent Stella and other adoption social workers from devising protective strategies in an attempt to maintain the integrity of the adoption process. The next step is to explore more directly the world of urban birth mothers—the suppliers in this chain of exchange—those who "successfully" place as well as those who somehow fall through the cracks.

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NOTES

[1] Pseudonym. All names of social workers and birth mothers are also pseudonyms.

[2] The state of Illinois deems "legally allowable" expenses for housing, food, clothing, utilities, transportation, and medical expenses. At the time of Valerie's involvement with the agency, First Steps' cap was $3,000. At the time of writing, the agency had lowered the cap to $200/month due a rise in "fall-throughs," or failed placements. Money is usually delivered to the birth mother by an agency social worker in the form of a gift card, fare card, or money order (made out directly to the landlord or utility company in the case of rent/utilities). Money presented in this restricted form prevents spending on unauthorized items/expenses.

[3] In his ethnographic research in Chicago, Wacquant (2008, 121-23) describes such neighborhoods as "hyperghettoes," where "scraggy avenues lined with rubbish-strewn vacant lots and burnt-out or crumbled buildings" might offer residents "a single supermarket, a single bank and a single hospital," but many more lottery outlets, currency exchanges, and "no fewer than one hundred liquor stores." The vast majority of birth mothers who seek adoption services from First Steps reside in neighborhoods such as these, in the southern and western regions of Chicago, a city long-plagued by extensive race and class segregation.

[4] See Whitbeck and Arce 2007 and Wong 2011 for examples.

[5] Much of the difficulty in reconciling Western notions of the economic and intimate realms lies in the distinction between human beings and "things." It has been argued that instead of a strict boundary, there actually exists a natural continuum between the two (Kopytoff 1986, 86).

[6] Kopytoff (1986) and others have broached the subject of slavery in their analyses (see also Ertman 2010; Goodwin 2010; Roberts 1997). Kopytoff (1986) writes,

> The conceptual unease of conjoining person and commodity renders, in most modern Western liberal societies, the adoption of a baby illegal if it involves monetary compensation to the natural parent—something that most societies have seen as satisfying the obvious demands of equity. In the modern West, however, adoption through compensation is viewed as child-selling and therefore akin to slavery because of the implicit commoditization of the child, regardless of how loving the adoptive parents may be (85).

[7] For adoptive families, the domestic adoption process at First Steps can take anywhere from six months, in very rare cases, to upwards of two years.

[8] Social workers at First Steps use the word "scam" natively to describe suspected intentional and/or premeditated fall-throughs.

[9] It is important here to acknowledge that fall-throughs do not only happen for adoptive families; though less common, birth mothers may experience fall-throughs as well. One afternoon I was sitting at McDonald's with Stella and a new birth mother, Denise. Denise had come to First Steps late in her pregnancy because she had been working with another agency originally, but had found out that the family with whom she was matched had also been working with another birth mother, and subsequently dropped her when the other birth mother went into labor. Upon hearing this, Stella stressed that when working with adoptive parents at the beginning of the process, it is First Steps' policy to forbid working with more than one birth mother at a time. This is one strategy for managing birth mother risk and adoptive family morality.

[10] Given the nature of text messaging, I have added punctuation, but left the capitalization and grammar as they were in the original.

[11] If a family has experienced one or more financial fall-throughs, they will often be placed into a special category only considered for a) birth mothers not asking for money, or b) born babies, also called "sky babies," for whom an adoption plan is only created after the birth.

ABOUT THE AUTHOR

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COMMUNITY BENEFITS AGREEMENTS IN THE POLITICAL ECONOMY OF URBAN DEVELOPMENT

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Abstract

In the past two-and-a-half decades, community benefits agreements (CBAs) have emerged as vehicles for residents of low-income communities to derive benefits from urban development projects. This paper locates CBAs in their historical context. It argues that the contemporary political economy of urban development has distinctively shaped their form and function. It theorizes CBAs as hyper-local civil-sector responses to unequal growth and market failures in the crucible of neoliberal urban governance. The paper concludes that while CBAs offer limited promise for equitable urban development, their organizing processes disrupt existing power structures and build possibility for further reforming the dynamics of urban development.

In 2001, negotiations between a coalition of community groups in Los Angeles and the private developers of the Staples Center resulted in the nation's first full "community benefits agreement" (CBA) (Salkin and Lavine 2008). Gross (1998) defined a CBA as a contract pertaining to a single development project that addresses a range of community interests and that is the product of substantial community investment. In the Staples Center CBA, the community coalition traded its support of the development for a "first source" hiring plan to employ local residents, job-training programs, public park construction, affordable housing development, and a living wage policy. In turn, the community coalition's backing helped the developers to procure over $70 million in subsidies from the city (Baade 2003; Salkin and Lavine 2008). Since then, at least 26 other community coalitions across the nation have won potential economic, social, and environmental benefits for their communities by signing CBAs with private and public developers (Community Benefits Agreements 2012).

Community benefits agreements have emerged in both form and function as the result of a particular set of historical circumstances. Understanding this history offers an important corrective to thinking of CBAs as an ahistorical phenomenon or as a neutral development tool. Locating CBAs in this historical context illuminates the logic behind the form they have taken and the functions they have performed. This understanding, in turn, underscores consequences of the prevailing urban political economy and suggests how CBAs may contribute to the reconstitution of urban power dynamics and modes of governance.

Community coalitions have worked for CBAs during an era of neoliberal metropolitan governance characterized by selective preference for free markets, inhibited redistributive investment in low-income communities, heightened competition to attract private capital, and public expenditure on development projects targeted at the immediate benefit of relatively high-income businesses and people (Abu-Lughod 1999; Gotham 2001; Harvey 1989; Harvey 2005, 87; Peck 2005). Scholars have characterized urban economies of this era as "post-Fordist" and "flexible" partly in reference to the replacement of stable manufacturing jobs with tenuous, frequently temporary, and low-paying service-sector work and an associated increase in unemployment (Harvey 1989). That CBAs function as a redistributive tax on private capital in order to provide well-paying jobs to local residents and to compensate for locally incurred negative externalities attests to their place in this post-Fordist and neoliberal urban economy. That they take the form of contracts between civil- and private-sector—and even sometimes public—parties accords with the neoliberal molding for "market-based" solutions.

Considering CBAs in their historical context facilitates the conclusion that they are, at most, a second-best strategy for promoting balanced urban growth through investment in low-income communities. Historical accounts suggest that the decisions of government officials in recent decades have created narrow channels of possibility for urban development projects, and that these channels have shaped both the impetus and opportunity for residents to organize for CBAs. At the same time, the act of organizing and sustaining CBA coalitions has coalesced previously nonexistent—or at least inchoate—power. Through CBA processes, coalitions have used this power to promote economic benefit for low-income city residents and to perform environmental and labor-related regulatory functions in the absence of government intervention. In doing so, CBAs and the coalitions organized to create them encourage re-imagination of the current urban political economy. By creating space in urban development discourse and practice for the concerns of their communities and by demonstrating tangible outcomes in the void left by government inaction, community coalitions expansively

pressure the restrictive contours of contemporary urban development policy. Importantly, CBAs might also serve as springboards from which community coalitions could launch into broader action for community development and policy reform (Parks and Warren 2009).

COMMUNITY BENEFITS AGREEMENTS: AN OVERVIEW

The Staples Center agreement, regarded as the first "full-fledged" CBA, followed three years after the Hollywood and Highland Center CBA-archetype. The Hollywood and Highland Center CBA differed from subsequent "full-fledged" CBAs in that a local politician, rather than the involved community coalition, initiated and drove the negotiation process. Still, this CBA-archetype provided a model for community coalitions to emulate in later initiatives (Meyerson 2006; Salkin and Lavine 2008).

The Hollywood and Highland Center, also located in Los Angeles, contains over a million square feet of retail space, several hotels, and the theater that each year hosts the Academy Awards. During the Center's development phase, Los Angeles Councilwoman Jackie Goldberg withheld her approval of the project until the developers met with and addressed the concerns of local residents and business owners. The local residents and business owners, represented by the Los Angeles Alliance for a New Economy (LAANE), expressed their expectations that the proposed development would cause increased traffic congestion, air pollution, and crime. They also brought concerns about the economic benefit of the development for their community. For example, would local residents be hired to work in the Center, and if so, how would they be paid? Through a process of negotiations, LAANE and Councilwoman Goldberg traded their support of the project for traffic improvements financed by the developer, a "first source" hiring plan to employ local residents, a living-wage policy, and a union card-check neutrality policy. In turn, the community coalition's backing helped the developers to procure $90 million in subsidies from the city. Because of the CBA, 70 percent of the initial employees hired were local residents. Nearly a decade after the CBA signing, about half of all jobs in the Hollywood and Highland Center paid a living wage (Meyerson 2006; Salkin and Lavine 2008).

Since then, community coalitions have negotiated for approximately fifty CBAs in cities such as Denver, Milwaukee, Atlanta, Seattle, Oakland, San Diego, New Haven, and San Francisco. Not all have succeeded. Currently, 28 CBAs are in effect (Community Benefits Agreements 2012). These CBAs are attached to a range of development projects, including professional sports arenas, shopping malls, condominium complexes,

university expansions, and entertainment complexes (Drier 2009; Salkin and Lavine 2008). Coalitions negotiating for CBAs have included community organizations with diverse though frequently complementary interests: school districts; labor unions; and environmental, political, social, and religious organizations (Baxamusa 2008).

These coalitions have won an array of benefits: "targeted" and "first source" hiring policies to benefit local and impacted residents and marginalized worker groups; living wages and fringe benefits; union card-check neutrality; worker retention; a paid residential street-parking permit system; creation and improvement of parks; affordable housing; community job training; exclusion of big-box retailers from commercial space; day care services; and even free basketball tickets (Baxamusa 2008; Drier 2009; Parks and Warren 2009; Salkin and Lavine 2008). The Los Angeles Airport (LAX) CBA, a prominent example, included a number of these, and totaled about $500 million in community benefits (Baxamusa 2008).

Generally, developers have agreed to CBAs to expedite or increase the likelihood of obtaining land-use permits or subsidies they want from city government. Community coalitions have been able to gain traction by exploiting critical windows in the planning phase of developments. Some cities stipulate specific processes in the course of development planning for social or environmental assessments and for impacted local residents to speak out. These processes provide opportunities for community coalitions to make claims as impacted residents or to submit their own technical information or analysis (Parks and Warren 2009). Even in the absence of formal forums, however, some community coalitions have succeeded in bringing private developers to the negotiating table by creating political risk through imminent public opposition.

The responsibility of monitoring and enforcing CBAs also falls under the purview of the private community coalition (Baxamusa 2008) and relies on the community coalition's sustained organizing efforts (Parks and Warren 2009). Developers might not faithfully implement the terms of the CBA if community groups do not monitor the process, and violations of the agreement have no chance of legal enforcement if CBA signees do not file for judiciary redress (Baxamusa 2008). The legal enforceability of a CBA rests on tort law (Parks and Warren 2009), though it remains empirically untested, and questionable in its legal feasibility (Salkin and Lavine 2008).

While private developers have often depended on cities' approval of their projects, cities have also depended on attracting and retaining private capital. Most city governments actively court developers whose projects will create jobs, increase the city's tax base, and appeal to middle- and upper-class residents and tourists. Perhaps now, more than ever, the increased mobility of private capital stimulates this need (Harvey 2005).

SITUATING CBAs IN HISTORICAL URBAN POLITICAL ECONOMY

Between World War II and the early 1970s, Fordist modes of production dominated US economic structures. These Fordist modes featured stable labor relations, geographically fixed capital investment, and vertically integrated economies of scale. Under this system of production, Midwestern US cities like Chicago thrived on various manufacturing industries. These industries enjoyed reliable markets fortified by widely distributed purchasing power for their goods. In the 1970s, however, changes in modes of economic production and political governance together generated an era of "flexible accumulation." In this "flexible" economy, capital became increasingly mobile, domestic manufacturing declined, governmental deregulation transformed labor relations and financial markets, and the emergent service economy spawned high levels of structural unemployment—particularly for urban communities of color (Abu-Lughod 1999; Harvey 1989; Wacquant 2001).

Changes in metropolitan public policies and the prevailing political economy have attended, enabled, and resulted from these economic shifts. Cities have responded to the increased mobility of capital by tailoring their policies to create a "'favorable business climate" (Gotham 2001; Harvey 1989, 168). The competitive impetus to attract and retain businesses has resulted in two trends of city policy: (1) tax reduction and suppression of redistributive social policies, and (2) provision of infrastructure and subsidies for businesses, and amenities for their "white-collar" employees.

To enhance their attractiveness to businesses (Abu-Lughod 1999; Gotham 2001), middle- and upper-class tourists (Gotham 2001), and high-earning professionals (Peck 2005), cities have used a variety of public-private inventions (e.g., tax increment financing and enterprise zones) to facilitate and subsidize private development in hopes of achieving higher tax revenue through economic growth (Gotham 2001). For example, the City of Chicago has spent considerable public funds and effort to attract Boeing's corporate headquarters, build a downtown "entertainment complex" in Navy Pier, plan and construct the United Center professional sports arena, and expand the McCormick Place convention center (Rast 2001). Cities partly justify their large public expenditures on "entertainment-destination" developments by their hope that benefits will "'trickle down' into the local economy, generating ancillary investment [and] high employment in the hospitality and retail sectors," while "bring[ing] in needed tax revenue" (Gotham 2001, 14).

These policies, however, have intensified "uneven metropolitan development" (Gotham 2001, 2; Harvey 1989). While city governments

have spent large sums of money in this course, research has shown that "the building of urban entertainment facilities and the traditional public subsidization of the private sector has done little to improve living conditions for the majority of urban dwellers and, in fact, has exacerbated inequality and the fiscal problems of local governments"(Gotham 2001, 15).

Multiple factors hinder these public and public-private investments from benefitting lower-income communities. One reason, for example, is that municipal leaders consciously restrict tax rates and the channeling of tax revenues into redistributive social or economic development programs to benefit low-income communities. To do otherwise would damage the "business climate" (Abu-Lughod 1999). A second reason is that while entertainment-destination and downtown developments may create some service sector jobs, many of those jobs pay low wages and some are filled through temporary staffing agencies, which do not provide a probable pathway out of poverty (Nollen 1996; Parker 1994; Peck and Theodore 2001). Indeed, most contemporary city governments act as if their policy choices are inevitably, and all but entirely, beholden to the interests of private investors, as some theorists have argued (Lindblom 1982; Peterson 1981).

Such perceived constraints, in conjunction with the wider neoliberal political economy, preclude significant reprioritization toward investment in low-income communities. These conditions make unlikely any municipal government violation of the pro-business canon, which the City of Chicago has advertised as: "lower wages … lower corporate and individual taxes, and a more 'cooperative' administration [than other cities]" (Abu-Lughod 1999, 327). Even if, as Rast (2001) argues, city leaders could, with economic success, privilege blue-collar sectors and low-income neighborhoods with development policies, the bipartisan and popular orthodoxy of neoliberalism makes embarking on such policies politically untenable.

In the two decades that preceded the advent of CBAs, the federal government drastically decreased its funding to cities. In 1978, federal funds made up, on average, 15 percent of city revenues. The portion exceeded 25 percent for some larger cities. Twenty years later, federal funds, on average, made up less than three percent of cities' budgets (Kincaid 1999, 136). Between 1981 and 1993, the Reagan and Bush administrations slashed the real value of assistance programs to cities: 36.5 percent of the Community Development Block Grant program, 100 percent of the Urban Development Action Grant, 49.3 percent of federal mass transit assistance, 70.6 percent of employment and training funds, and 66.8 percent of assisted housing funds (US Conference of Mayors 1994). Because federal funding for states fell concomitantly, state governments could do little to

compensate cities for their drastic loss of federal funding. Between 1977 and 1992, state aid as a percentage of municipal revenues declined from 24.5 to 21.2 percent (Chernick and Reschovsky 1997).

With limited fiscal assistance from federal and state governments, city governments have experienced heightened pressure to raise their tax bases. To do this, they have turned to pro-business and entertainment-destination development policies while retaining only a circumscribed set of options for benefitting their low-income residents and communities. It is in this time of economic need—under an urban governance regime that favors limited investment in low-income communities and that restrains the taxation and regulation of private developers—that CBAs have emerged.

ASSESSING COMMUNITY BENEFITS AGREEMENTS: FUNCTION, FORM, AND POWER

In many cases where developers may eventually have obtained zoning approval or subsidization without a community agreement, they consented to the costs of the CBA in order to obviate or reduce the risk of the government delaying or denying their project (Baxamusa 2008; Parks and Warren 2009; Salkin and Lavine 2008). To the extent that community coalitions succeed in maximizing concessions from developers, CBAs represent the price developers are willing to pay to avoid risk. To the benefit of community investment, CBAs are able to extract this price from private developers when city governments will not.

Mainstream economic theory postulates that an efficient tax minimizes society's economic losses and thus maximizes social welfare. In one application, an efficient tax will capture the cost of a negative externality to those who bear it, assess this amount—but not more or less—on the producer of the externality, and redistribute the value to those who bear the cost. Government can estimate the price of an efficient tax, but will often—or always, some argue—do so imprecisely and inefficiently. This is the logic with which neoliberal governments favor market-based solutions. They base policy decisions on the notion that transactions between voluntarily contracting parties in the free market will discover an efficient price. In other words, free market transactions allow parties to agree to the price at which they will each maximize their welfare, *ceteris paribus*—given the existing conditions.

Given the conditions typical to recent decades, individuals and businesses in possession of high levels of resources will benefit—and, generally speaking, have done so—in free-market arrangements. The Marxian theory of capital accumulation predicts that if free to do so, individuals and corporations with greater economic resources will leverage

those resources to create economic arrangements increasingly favorable to them. They will do this particularly by extracting surplus value over the wage paid to common workers (Harvey 2005, 53; Marx and Engels [1848] 2004), as the widening income inequality in the United States since 1970 reflects (Stone et al. 2012).

In the absence of government intervention, private real estate developers and corporations generally perceive little economic incentive to pay a living wage or to provide other benefits to local communities. A living wage is arguably higher than the subsistence wage Marx ([1867] 2004) wrote about. Employers do have the incentive to pay workers a subsistence wage at which they can guarantee a supply of labor. In contemporary urban environments with high rates of unemployment, however, the surplus supply of labor means employers need not pay workers high wages in order to maintain full employment levels for their firms (Parker 1994; Peck and Theodore 2001).

Without an organized coalition creating risk for a developer, and in the absence of government intervention, a real estate developer would likely perceive no economic incentive to pay living wages, to compensate residents for negative externalities generated by their projects, or to promote equitable well-being and development for low-income communities. In some cases of negative externalities, this represents obvious market failure. For example, if no one from the community had intervened, the LAX airport expansion would have caused even more significant noise problems than it did for students in local schools (Baxamusa 2008). If equitable development and social welfare are considered public goods, then uneven metropolitan development that exceeds a certain threshold can also be considered a market failure. It is generally agreed upon that government should intervene in the case of market failures. In this regard, what is potentially significant about CBAs is that they provide fodder for an argument that the market is not failing if private residents and civil-society organizations address these issues.

Under the conditions where neither the government nor civil society intervenes, the market will fail, as outlined above. By organizing coalitions and heightening political risk for developers, community coalitions change existing conditions and reconstitute urban power dynamics. If rational economic theory holds, a developer would be willing to grant benefits to the community at a cost up to the point commensurate with how much the developer values the consequent reduction of risk. By creating concentrated power through organizing, groups of community residents have emerged as private claimants of negative externalities (e.g., traffic congestion, airplane noise, pollution), demanders of direct "trickle-down" benefits (e.g., first source hiring), and as the enforcers of efficient taxation (i.e., of what private

business developers are willing to pay). In this model, the only roles for government are as a contractor with private parties and as the potential enforcer of private property rights and contracts.

CBAs occupy a complex position in urban political economy, and their functionality in it offers multiple interpretations. On the one hand, neoliberal proponents could argue that CBAs provide proof that in the absence of government intervention, market actors will innovate their own solutions. On the other hand, CBAs' downwardly redistributive products (e.g., living wages and restricted hiring protocols) contradict the typical outcomes of neoliberal processes and the "flexible" economy (Parks and Warren 2009). Furthermore, some CBAs result in de facto redistributive public policy when businesses mediate the redistribution of public funds to social equity projects. In these cases, the government grants public funds (probably tax revenues) to private businesses, which then pass on a portion of those funds to low-income communities for infrastructure development, job training, education, and/or other social programs outlined by the CBA. There are also cases where CBAs are attached to public development projects. In both cases, "the market" is pricing and mediating public funding for social programs to low-income communities.

By organizing previously inchoate power for low-income urban residents to wield, CBA coalitions also disrupt existing urban power dynamics. By organizing residents of low-income communities and granting them access to development planning processes, CBA coalitions transform these residents from *objects* of urban development policy to *subjects* who actively shape development decisions (Baxamusa 2008, 343). As subjects in the development planning process, these individuals, united in community coalitions, exact a price on private capital that it would not otherwise incur.

SHORTCOMINGS FOR EQUITABLE URBAN DEVELOPMENT

To borrow from Gross's (1998) definition, a community benefits agreement pertains to a single development project. Inherently, then, each CBA is a localized phenomenon. If the framework discussed in the previous section is applied, and CBAs are understood to perform functions that government might, then CBAs can be understood as hyper-local. Redistributive benefits and regulatory protections apply only to a limited number of residents and employees, and the associated costs are levied on a single business entity. In the scenario where government suppresses tax levels to attract businesses, most businesses benefit. The business pressured into consenting to a CBA, however, pays a steeper effective "tax" than it would if higher redistributive taxes were levied on all businesses citywide and the CBA

were obviated. Furthermore, CBAs are only possible in the places and times where a developer proposes a large development project. Needless to say, this opportunity does not occur universally. In fact, it occurs with some systematic bias: characteristically, new large-scale development projects occur relatively infrequently in low-income urban communities of color (Parks and Warren 2009).

Given the needs of low-income communities, the scale of CBAs' impact also remains vastly limited and necessarily localized. Alternatively, city governments could reallocate public funds directly to economic development and social programs in low-income communities and promote, through official policy, the retention and creation of good jobs (Moberg 1997; Rast 2001), living wages (Drier 2009; Luce 2004), investment in neighborhood infrastructure and schools, as well as basic social supports. The argument that an alternative to CBAs is broader government policy favoring low-income workers and communities finds its premise in the inversion of its terms. Surely, if government policies stipulated living wages, promoted the employment of vulnerable urban workers, protected or compensated local communities for negative externalities, and increased policies targeted at more equitable urban development, then urban residents would have less incentive—or none at all—to expend their scarce resources organizing for CBAs. Similarly, government (particularly the federal government, in some cases) could implement policy that supports industries that hire blue-collar workers, favors workers' well-being and bargaining power, provides social supports and affordable housing to low-income members of society, and decreases the need for US cities to compete among themselves in wooing private capital. Of course, which policies could best accomplish these goals and whether these are even desirable goals are matters of great contention.

Regardless, in the current urban political economy, most cities have deferred the potential responsibility for mitigating imbalanced growth onto private individuals. These individuals have the option of forming coalitions to exert some power in the development process, as they have with CBAs. Of course, these individuals must have the resources available to engage in extensive organizing efforts that will, in the end, bring no guarantees. In the past, CBAs have been hampered by a lack of adequate community representation, opaque negotiating processes, unilateral action by coalition members, low penalties for developer noncompliance, lack of specificity or unenforceability of agreement terms, and developer disinterest (Salkin and Lavine 2008).

In the contemporary political economy of urban development, government inaction on behalf of low-income communities and government action on behalf of business interests has made even small steps toward

balanced development uncertain. Furthermore, it has placed some of the burdens and risks of producing even those small steps onto the backs of already-disadvantaged local residents.

CONCLUSION

Community benefits agreements have entered the urban development arena during a time when the federal government has retrenched funding for cities; metropolitan governments have suppressed redistributive policy and catered to the interests of businesses and higher-income residents; and stark economic need has pervaded low-income urban communities, especially those of color. In this historical-political context, community coalitions have organized to perform functions that government has not. They have exacted on development projects what effectively functions as a redistributive tax used to regulate labor relations and environmental impacts, to compensate local communities for negative externalities, to fund social programs, and to reduce the unevenness of urban development.

The limited scale of CBAs' localized impact excludes large numbers of urban residents who could benefit from citywide public policies with similar objectives. CBAs' potential for stimulating economic growth in low-income communities also falls short of what government could achieve with urban development policies that gave priority—or at least parity—to low-income communities. Furthermore, the process of negotiating for CBAs and monitoring their fulfillment requires the expenditure of significant resources by city residents for whom resources may already be relatively scarce.

Understanding the conditions that have given rise to CBAs facilitates the conclusion that their form and function signify a political economy that is strikingly unfavorable to low-income urban residents. While CBAs are rightly celebrated as victories for low-income workers and communities, the unfavorability of the conditions in which they emerged and operate inherently limits their promise for achieving social welfare and equity.

Fortunately, while the form and function of CBAs mark them as the distinctive products of a particular matrix of historical conditions, CBA processes also act transformatively upon that matrix. The organization of a community coalition results not only in a CBA but in the concentration of previously unassembled power from which further efforts can be launched (Parks and Warren 2009). The unified voices of numerous community residents and of leaders from diverse organizations have proved powerful enough to bring developers to the negotiating table. Community coalitions have leveraged the power of their unified voices to win millions of dollars' worth of benefits for their communities. They have carved a space in urban development discourse and practice for the concerns of their communities.

By accepting CBAs as a victory, but not as conciliation, community coalitions may continue to devote their power to campaigns in the ongoing struggle to transform the dynamics of urban development.

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CULTURAL DISTRICTS AND THE POTENTIAL FOR URBAN DEVELOPMENT

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Abstract

This paper explores districts designed to organize a city's cultural and arts communities and facilities. It further outlines some fundamental policy recommendations for community leaders undertaking such cultural district planning. Such planning policies cannot be uniformly produced across cities; they instead require careful preparation to accommodate the unique attributes of a specific urban area and its population. Furthermore, cultural districts can create disproportionate economic and social effects for residents of varying socioeconomic groups—in particular, low-income groups that may have unequal access to any benefits from cultural economic development. In order for a cultural district to fulfill its predetermined goals, it must garner support from local investors, businesses, culture and arts communities, and community residents who may benefit economically, educationally, and recreationally from its development.

Cultural economist Walter Santagata (2002, 12) defines a metropolitan cultural district as "a spatial agglomeration of buildings dedicated to performing arts, museums, and organizations which produce culture and related goods, services and facilities." Cultural districts are sites where planning creates conditions primarily for economic activity and may cover vast swaths of a city or a just a few city blocks. Planning may emerge from public policymakers, private developers, or both; it may be the product of a short period of time or develop more slowly over a longer decision-making process. These districts may attract artists and artisans or consumers of culture, such as tourists or the general public.

A key feature of the cultural district is the interdependency of its constituent parts. Cultural institutions situated close to one another are thought to generate greater economic development and growth as a collective rather than if they operated independently. The networking propensity of a cultural district—as an environment ripe for cultural

productivity and innovation—creates what regional development theorist Philip Cooke (2008, 28) describes as a much desired "synergetic surplus." However, achieving the goals of economic development and growth has proven far more elusive than policymakers would like.

It is now clear that successful cultural districts cannot be created unilaterally by municipal mayors or chambers of commerce as engines of economic development. Rather, a successful cultural district depends upon a willing network of cultural producers and associated institutions, favorable geographic and infrastructural settings, and public interest and support. Even if or when these factors are achieved, measurable economic growth is not a guarantee, and unintended or unwanted complications may result. In particular, cultural district planning may lead to gentrification and a loss of authenticity, and may further limit low-income socioeconomic groups' access to its facilities.

In this article, a cultural district is loosely defined as a consortium of organizations working together for economic gain to form a larger cultural identity in a given city or region. This article presents an analysis of the motives behind creating a cultural district, as well as the positive and negative ramifications that result. Specifically, the paper analyzes two largely successful urban district models seen in Baltimore, Maryland, and Denver, Colorado.

BEHIND THE IMPETUS TO CREATE A CULTURAL DISTRICT

Proposals for and the creation of cultural districts in the United States are more frequently seen in the northeastern and Midwestern regions of the country and less so in the more economically prosperous sunbelt cities of the South and the West. They are associated with cities that experienced deindustrialization in the late 20th century (Cooke 2008, 27) and that had, as a result of that demise, an infrastructure of vacant industrial buildings that many local leaders saw as fertile grounds for redevelopment.

Cultural districts have also been viewed as facilitating the development of human capital. Richard Florida (2002, 68) famously argued that cities with a high "quality of place" could court a "creative class," i.e., people who add economic value through their creativity. With the US economy's shift from industry to services, Florida claimed that a city's ability to attract creative class members is essential to its survival, growth, and potential for prosperity. In Florida's definition, "quality of place" is determined by 1) the built and natural environment of a city; 2) presence of a professionally and stylistically diverse population that engages in the community; and 3) the vibrancy of street life, arts and music scenes, and cultural civic engagement

(232). Cities striving to create cultural districts as a means for establishing a strong quality of place would become attractive cities for new residents and thus enjoy economic revitalization.

Beyond economic gain, such districts were thought to provide a city with a cultural "identity." The supposedly idiosyncratic nature of the cultural production of a locale was thought to serve as "cultural branding" for the area (Santagata 2002). Residents of a city or community could thus feel a sense of pride in its cultural assets and institutions: "this is *our* community arts center, *our* artisan quarter, *our* historical society," and so forth.

Cultural districts may also serve to unite or strengthen existing cultural assets to form "natural" cultural districts, particularly on a neighborhood level and in economically underserved areas (Stern and Seifert 2001, 11). As an alternative to top-down planned cultural district models, planners and community developers could identify and recruit local cultural organizations and professionals and local residents rather than recruit externally to help leverage investment funds for development. Natural cultural districts thus strive to integrate economic opportunity and social inclusion, which can be overlooked by developers solely pursuing the effects of Richard Florida's "quality of place" theory.

CONSIDERATIONS IN CREATING A CULTURAL DISTRICT

Despite the promise of cultural districts, Santagata (2002, 17) notes that designing a cultural district explicitly as a policy instrument for local economies or urban revitalization can lead to disastrous economic and social consequences. Any attempt to generate economic benefits requires asking several important questions: which individuals, communities, and institutions will best benefit economically and socially from its development? Is a cultural district best produced through policy and planning, or can it develop "naturally," i.e., on its own, provided that the right conditions exist? And, finally, what should the primary purpose of a cultural district be—to spur economic development, to create a wide array of jobs that benefit both low-skilled workers and cultural professionals, to increase tourism revenue among locals and/or visitors, or to help educate and instill a sense of identity for the community?

To distinguish who and what a cultural district is designed for, Santagata defines four main types of cultural districts: *industrial cultural districts* gather technical and entrepreneurial professionals to create a cultural production center; *institutional cultural districts* revolve around a single organization that monopolizes an area of cultural production;

museum cultural districts house a campus of museums for the public; and *metropolitan cultural districts* are the previously defined most common form (17). Such districts are designed for either producers[1] or consumers of culture. Cultural districts for producers take longer to develop and require long-term commitments. Cultural districts for consumers[2] are often designed with the idea that they will generate revenue from the outset.

Understanding differences between these categories is critical in determining the best cultural district model to use in order to fulfill any particular urban area's goals. There are risks with many development plans. Florida argued for "quality spaces" that attract the creative class, but he also warned that an influx of "creatives" into specific districts or urban areas might generate inflationary housing-market pressures that negatively impact diverse populations and increase socioeconomic inequality (Peck 2005, 746). Urban cultural district planning needs to strike a balance between successfully recruiting creative professionals and improving access and opportunities that a cultural district offers to communities at large, which in itself is a difficult balance to attain.

Cultural districts that offer smaller-scale cultural attractions and elements of street-level culture defined as "neo-bohemian" (Lloyd 2002, 517) may seem like enticing commercial projects, but, as Lloyd observes, such consumer-driven spaces are often destined for failure through their "Disneyfication of urban downtowns" (220). In Lloyd's context, "Disneyfication" of an area refers to a whitewashed homogenization of consumption, merchandising, and labor in an effort to provide a more tourist-friendly atmosphere, generally at the expense of the local area's cultural and infrastructural authenticity.

Because cultural districts are often centered in the downtown areas of cities, any resulting economic benefits are often confined there, leaving outlying poorer populations unable to reap such benefits, or worse, displaced by gentrification. For example, in the 1970s, the Chicago 21 Plan promised to revitalize its downtown. Rather than having a city center surrounded by impoverished areas, Chicago city officials aimed to turn downtown into a catalyst for economic growth. The city spurred downtown development by partnering with private investors, purchasing massive tracts of land, and redistributing federal community development funds, which led to investments in infrastructure, cultural institutions, and commercial and residential development. Community leaders in ethnic and minority neighborhoods, however, saw the plan as an attempt to drive them to the fringes of the city (Grams 2010, 160). While the Chicago 21 Plan fueled the proliferation of many nonprofit arts organizations operating downtown and in the increasingly wealthy neighborhoods north of the Loop (161), the growth generated was highly unequal, as gentrification processes generally

benefited more affluent, white residents at the expense of underserved minorities.

Is it possible, however, to incorporate all residents of a city in developing a cultural plan? Philadelphia's Culture Builds Community initiative, which supported 38 arts organizations in neighborhoods and underserved areas citywide, has shown positive results. Approximately 80% of participants in cultural events traveled outside of their own neighborhoods in order to attend events in such areas (Stern and Seifert 2001, 3). Philadelphia's results show promise for the public's willingness to utilize a district, especially if it is a decentralized one. By defining a cultural district as a consortium of organizations working together to form a larger cultural sector, cultural planning policy could presumably break from the convention of a district as a geographic space (usually within the downtown of an urban area) in an attempt to better reach *all* inhabitants of a city, including those who traditionally have had limited access to cultural and culture-related jobs, institutions, and educational services.

With these considerations of economic development and cultural sector growth, professional population expansion, and underserved population service in mind, it is possible to better understand two different, yet arguably successful, cultural district policies in Baltimore and Denver, respectively.

CREATING A SUCCESSFUL CULTURAL DISTRICT

Baltimore: The Mount Vernon Cultural District

Prior to redevelopment, Mount Vernon was known throughout Baltimore as an historic neighborhood fallen on hard times. Once the cultural and bourgeois center of Baltimore during the 19th and early 20th centuries, the neighborhood now showed the scars of 1960s deindustrialization. In the 1990s it was marked primarily by abandoned buildings and high crime rates.

Despite these difficulties, the neighborhood still hosted a number of venerable cultural institutions, including the Baltimore Historical Society, the Peabody Institute of the Johns Hopkins University, the Walters Art Museum, the Enoch Pratt Library, and the Basilica of the Assumption Cathedral, a part of the first Catholic diocese founded in the United States (Ponzini 2009, 439). Perhaps most importantly, Mount Vernon also had a robust transportation structure. When its major cultural institutions paired with the Baltimore City Planning Department and a host of development agencies, urban institutions, foundations, and property owners, the Mount Vernon Cultural District (MVCD) was created.

The MVCD action plan identified its mission as the development of an attractive, safe, and enjoyable cultural destination for all residents of the city (Ponzini 2009, 440). The plan argued that Mount Vernon's challenges were shared by all residents and institutions in the community. Thus, the MVCD committee argued that the best way to revitalize Mount Vernon was through the concept of a "common campus" in which all participating institutions, with the help of the city, pooled their resources and opened their doors to form an open, interconnected district for Baltimoreans to experience.

During its ten-year implementation, all major institutions underwent substantial remodeling projects aimed at improving street accessibility and accessibility among projects. The Peabody Institute increased its shuttle services between the MVCD, the Johns Hopkins campuses, and downtown, further improving accessibility to the site and increasing its flow of college-aged visitors. The Maryland Historical Society produced several walking tours and publications about the area's history and architecture, modeled after Boston's famed Freedom Trail. Mount Vernon residential associations, together with the Maryland Historical Society and local arts organizations, also founded several cultural programs, festivals, and annual events to take place in Mt. Vernon (Ponzini 2009, 441). Many of these events showcase local artists and entertainers. Other events are family-friendly and encourage family participation from across the Baltimore area.

As the MVCD network progressed, residential and commercial developers took notice. In the late 1990s, one of the neighborhood's larger long-abandoned buildings was converted into the Gallery Tower, a luxury apartment complex. Other historical buildings, such as the Stafford and Rochambeau hotels, were considered problematic by the MVCD coalition and were subsequently torn down. The Basilica's soup kitchen, "Our Daily Bread," was also closed and relocated to create more public space near the cathedral.

Since the MVCD's completion in 2006, the neighborhood has consistently been attracting new residents and visitors. Its cultural reputation has since become a brand, with new local arts centers and retailers prominently displaying the Mount Vernon name in their organizational titles (Ponzini 2009, 443).

Denver's Scientific and Cultural Facilities District
In the late 1980s, Denver's arts and cultural organizations were struggling financially and continually losing visitors due to a prolonged regional recession and massive cuts in state funding for the arts. However, in 1988, citizens of the seven-county Denver metropolitan area voted by a wide margin to create the Denver Scientific and Cultural Facilities District

(SCFD), a non-geographical arts finance policy managed through an increased sales tax of 0.1% (Hansberry 2000, 13). According to the SCFD website, more than twenty years later, this cultural policy continues to serve as a reliable revenue source for more than 300 arts organizations across the Denver region.

Beginning in the mid-1980s, a group of trustees at the Denver Art Museum devised a template for the SCFD, but found that any effort to advocate for it by themselves to City Hall would prove futile. While traditionally considered adversaries and competitors with one another, the Denver Art Museum formed a coalition with the Denver Zoo, the Denver Botanic Gardens, and the Denver Museum of Nature and Science in order to jointly advocate for the policy and create a public campaign to garner support.

In persuading the public to support the SCFD, the coalition's advertising campaign highlighted the benefits of supporting science, culture, and the arts. Specifically, the campaign emphasized that the economic well-being of the region and the quality of life for all communities would be enhanced by greater access to cultural amenities. With public support, the coalition was also able to appease county legislatures by selling the plan's minimal administrative structure, with less than 1% of its revenues going towards the administration of the tax (Hansberry 2000, 14). Since its implementation in 1989, this formula has generated more than $40 million a year and created upward mobility for cultural organizations in the Denver area (Hansberry 2000, 15).

DISCUSSION: BEST PRACTICES IN PLANNING URBAN CULTURAL DISTRICTS

The single biggest factor in the ultimate success of the Baltimore and Denver districting plans was the collaboration of multiple parties across different fields. By pooling resources, institutions in both cities strengthened their collective voice as an arts and culture sector and consequently established a recognizable, localized identity.

Garnering public support was also crucial since ultimately the general public's attendance, participation, and engagement with each finished product would be the measure of its utility. For example, in Baltimore, the MVCD did not focus on bringing cultural production to their district, but many stakeholders in the MVCD utilized their unique assets to help make Mount Vernon an active, engaging neighborhood instead of a "Disneyfied" consumer center. An influx of students and staff from Johns Hopkins and a full calendar of cultural events and festivals from the area's residential and cultural boards proved successful in order to give the MVCD a dynamic and

culturally engaging environment. And while not a purely industrial cultural district, a proliferation of arts organizations and retailers bearing the Mount Vernon name serves as proof of a district climate favorable to cultural producers. Finally, the MVCD strived to preserve the area's rich history and managed to utilize Mount Vernon's authentic character throughout its development.

Denver's SCFD pushed for collaboration and community input on an even grander scale, echoing the call for social inclusion seen in the development of "natural" cultural districts. In the pursuit of improving access to culture for all metropolitan area residents, the SCFD specifically set aside funds to provide opportunities for families at or below the poverty level, children and adults with disabilities, and seniors. According to the SCFD website, such programs include educational outreach programs delivered on-site to schools and community centers and "admission-free days" held by institutions throughout the year. Many of these programs are operated by cultural organizations in low-income communities, with broad public support for their services.

IMPLICATIONS: SOCIAL IMPACTS OF PLANNING URBAN CULTURAL DISTRICTS

While both Baltimore's MVCD and Denver's SCFD succeeded in enhancing their urban areas' respective cultural landscapes, the two plans contrast greatly in terms of their impact on underserved residents of their cities. The MVCD's greatest flaw in its planning was that it claimed to be a new cultural asset for all Baltimoreans; yet, it fueled low-level gentrification, displacing a number of residents deemed incompatible with the MVCD's mission. Just as the Basilica relocated its soup kitchen, both the Stafford and Rochambeau hotels had government-subsidized renters who were displaced by new developments. The MVCD's plan made efforts to mitigate these effects: relocation services were provided to displaced residents, and the Basilica's soup kitchen moved to a larger facility near the neighborhood. However, the effectiveness of these efforts is questionable. Although gentrification has been limited in part due to the MVCD's actions, real estate prices have nonetheless been steadily on the rise since the MVCD's development (Ponzini 2009, 444). Over the long term, these rising prices will likely continue to attract higher-income residents and displace lower-income ones.

Denver's SCFD plan dismantled conventional geographic notions of urban districts with broad support from both cultural professionals and the public. By viewing all of Denver as relevant to the district, the model effectively mitigated the gentrification effects as seen in the MVCD.

Instead of displacing residents in favor of a new, geographically framed cultural district, the SCFD's funding model actually *bolstered* the cultural capacity of underserved neighborhoods and areas of the region. In 1999, SCFD organizations provided 2,700 programs to underserved populations including children at or below the poverty level, people of diverse ethnic backgrounds, the elderly, and people with disabilities (Hansberry 2000, 15). In addition, SCFC organizations enrolled more than 489,000 people in free and low-cost courses.

Denver's SCFD thus shows that in planning for a cultural district, favoring a region-based policy over a specifically designated location policy can positively impact underserved populations' prospects for employment, education, and recreation. Due to the SCFD's model, outskirt areas such as Brighton, Colorado, have been able to harness public support and resources to develop their own cultural infrastructure. Since 1995, the town has developed an Arts and Culture Department and sponsors several cultural events a year, which serve to promote local music and art communities and trades (Hansberry 2000, 15).

That being said, it is important to note what made these respective cases unique. In Baltimore, the MVCD already had an abundance of historical significance and character, was conveniently located near downtown, and had a robust transportation infrastructure already in place. As arts consultant Adrian Ellis (2006, 1) notes, culture alone cannot revitalize a downtown or create a vibrant new district: transport systems, public and private investment in other civic amenities, and housing availability are also needed. Ellis also shows that amenities such as transport and housing availability are crucial in spreading the potential benefits of cultural district development to communities throughout the area. By improving the accessibility of cultural facilities to underserved residents, such individuals and communities are better positioned to engage in employment and educational opportunities that a cultural district might offer. In short, cities and regions should look to best practice models in designing their own cultural districts. More importantly, however, they must also analyze the unique compositional factors that might go into creating a cultural district.

CONCLUSION

In defining a cultural district as a consortium of organizations working together to form a larger cultural identity in a given city or region, one cannot miss the vast number of forms that a cultural district could possibly take. Contrary to the conventional wisdom of cultural districts as tourist centers, cultural districts aim to generate cultural capital for the benefit of

both cultural producers and consumers in a given area. In some instances, cultural districts even inspire to be more, such as catalysts for citywide revitalization efforts or a perpetual source of revenue and organizational growth for an entire region. Yet whether in Denver, Baltimore, or elsewhere, any successful cultural district must be firstly planned in a matter that fits the unique characteristics of its city, and secondly, be built with the broad support it needs to meet its original goals set out in the first place. By doing so, cultural districts can avoid or mitigate the creation of disproportionate economic and social effects for low-income residents and instead improve their access to benefits from cultural economic development, thus bringing economic, educational, and recreational benefits to all residents of a city.

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NOTES

[1] Arguably, the most successful district for production is the Hollywood film industry in Los Angeles, California. The multi-disciplinary nature of film production created a co-dependency among various firms and trades, which made having a location in Hollywood not just beneficial, but crucial to sustaining business. Even today, Hollywood's economically favorable setup continues to foster new establishment growth: throughout the 1990s, Hollywood's businesses grew at an annual rate of 16%, adding approximately 188 new firms a year (Santagana 2002, 13).

[2] Cultural districts designed for consumption are most common and are generally born within the political sphere of local public authorities and the private interests who have a stake in their creation (Santagana 2002, 21).

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CHRONIC DISEASE MANAGEMENT: IMPROVING OUTCOMES, REDUCING COSTS

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Abstract

The relationship between poverty and poor health are strikingly apparent in the United States. People living below the federal poverty line have a shorter life expectancy and higher incidence of chronic disease than those with higher incomes. The poor, however, are less likely than the non-poor to have recent contact with a physician or engage in preventive care. This article discusses the significance of chronic disease management in improving health outcomes for low-income individuals and in reducing preventable health-related expenditures from a provider perspective. The article concludes with a discussion of the role of community health and social workers in coordinating care between providers and poor patients.

According to data from the 2001-2005 National Health Interview Survey (NHIS), poor children, defined as those living at or below the federal poverty level, are more likely than other children to suffer chronic health problems (Currie and Lin 2007). Conditions such as asthma and diabetes require regular monitoring to prevent the disorders from progressing to life-threatening levels. Chronic disease management, therefore, is essential to both improving health outcomes of poor individuals and containing costs in the United States health care system.

In order to implement adequate chronic health management, and to do so in a cost-effective way, health care providers serving a high percentage of low-income patients should utilize community health workers to coordinate care. In addition, basic low-cost structural changes to appointment scheduling systems should be revised so that clinic appointments are more accessible to poor patients.

Chronic disease management requires individuals to be knowledgeable about the trajectory of their disease so that the patient and family members are able to identify abnormal symptoms. In this model, affected individuals are expected to comply with physician-ordered regimens for care, such as the taking of daily medications (Gellad et al. 2011). The goal of chronic disease management is to help patients self-identify an irregularity before the condition progresses to a life-threatening or highly debilitating level. In order to monitor the disease, chronically ill individuals are expected to have a regular health care provision team that understands the patient's unique medical and social history (Wagner 2000). As a result of having a provision team, the lead physician is able to work with the patient to maintain wellness through routine appointments even if the patient is not experiencing problematic symptoms. Collecting a social history and educating the patient are essential aspects of chronic disease management (Wagner 2000). Patients who understand their disorder, monitor their symptoms, and comply with prescribed regimens through the assistance of integrated care teams are more likely to receive higher quality care (Ouwens et al. 2004). Therefore, it is important that the medical team is integrated with social workers or community health workers who are acutely aware of the conditions of poverty that may impact a patient's ability to manage an illness.

Disease management can increase quality of life for the patient, but hospitals and physicians are also key beneficiaries of a chronic disease management approach. From the physician's perspective, it is advantageous to regularly interact with individuals at risk for developing complex symptoms. More closely understanding the patient's condition helps providers to identify abnormalities before they progress to dangerous, complex, and ultimately untreatable levels. It is useful for the medical team to also understand the patient's social environment as one's location in society may impact the ability to follow through with treatment plans. Finally, hospital systems are also likely to monetarily benefit from disease management, as "charity cases," i.e., poor individuals lacking adequate health insurance coverage, are less likely to require costly hospital admission. In addition, due to disease management, profitable higher acuity cases can replace less acute cases (Woods et al. 2011).

While the benefits of chronic disease management are numerous, the implementation of this model of care provision is currently flawed, especially with regard to low-income, inner-city patients. Adequate disease control requires that a patient have a regular health-care provider who coordinates and co-manages care, thereby preventing the patient's hospitalization. Unfortunately, however, poor individuals receiving health insurance through public aid programs, such as Medicaid or the State

Children's Health Insurance Program (SCHIP), often have high "no-show" rates for medical appointments, which disrupts continuity of care.

BARRIERS TO CHRONIC DISEASE MANAGEMENT

A "no-show" is defined as a patient who misses a scheduled appointment with a medical provider and does not call ahead to cancel or reschedule the appointment (Daggy et al. 2010). Missed appointments are detrimental for patients because chronic illnesses often require vigilant measurements to assess the progression of the disease, routine appointments are often needed in order to fill prescriptions (Gellad et al. 2011), and a key to chronic disease management is patient education and communication (Wagner 2000).

Missed appointments impact physicians and health providers who receive compensation only for those patients who attend an appointment. In the United States, the estimated cost of "no-shows" accounts for 3% to 14% of total outpatient clinic income (Lee et al. 2005). Moreover, the physician is likely to miss the opportunity to schedule another appointment during this time slot. In addition to financial burdens, missed appointments might aggravate medical providers from a social perspective. For example, if a higher number of patients who are on public aid as compared to privately insured patients seem to be no-shows, medical teams might develop negative assumptions and stereotypes about public aid populations. Providers' internalized beliefs about public aid patient patterns might negatively impact the quality of care or access to care that such populations receive. In order to prevent these outcomes, understanding and redressing the underlying causes of missed appointments without prior cancellation is essential for implementing effective chronic disease management.

Frequently stated reasons for no-shows include: forgetfulness, transportation issues, lack of childcare, conflict with work, staff scheduling error, parent incarcerated, language barrier, or illness affecting other family member (Lacy et al. 2004; Melnikow and Kiefe 1994; Pesata, Pallija and Webb 1999; Stone et al. 1999). It is important to understand how these factors contribute to chronic illness among the poor (Currie and Lin 2007).

Forgetfulness would appear to be a factor unrelated to socioeconomic standing. But poor patients with unreliable phone service or irregular access to phones may not enjoy the advantage of a health care provider's reminder about an upcoming appointment. Transportation and its attendant costs seems more likely to be related to income level. Poor patients are less likely to own cars (Ong 2002) and taxicabs may be less likely to pick up customers in neighborhoods of concentrated poverty. Even if a car is owned, the cost of gas and parking can both act as barriers for low-income patients.

IMPROVING APPOINTMENT ATTENDANCE

To increase rates of appointment attendance, clinics and private practices that treat chronically ill individuals should encourage patients to provide a variety of contact information. These data should include phone numbers (fixed line and cell) and email address, as well as the contact information of at least one family member or friend who is able to locate the patient if he or she is having difficulties with their personal phone lines.

The format of patient reminders is also important in contributing to the continuity of care as clinic staff reminders significantly reduce the no-show rate compared to automated reminders (Parikh et al. 2010). Multilingual individuals could be hired to conduct reminder phone calls where applicable. Using email to send reminders might serve as a low-cost, supplementary means to remind patients of upcoming appointments since contemporary research indicates that low-income individuals have significant access to technology such as the Internet (Ancker et al. 2011).

In addition to revamping methods for reminding low-income, chronically ill patients about appointments, it is useful to determine the optimum time period for scheduling an appointment in order to reduce forgetfulness. Scheduling an appointment 21 to 7 days in advance may reduce the incidence of appointments booked excessively far out or too close, both which can contribute to the likelihood of no-shows (Lee et al. 2005). Finally, at the structural level, simply opening a toll-free telephone line exclusively reserved for appointment cancellations might reduce the financial burden of no-shows on the medical providers. The cancellation number should be easy for patients to memorize.

There are some common techniques used by medical providers to discourage missed appointments, but many of these have proven ineffective. For instance, charging patients a fee for missed appointments or using other forms of disincentives does not reduce the rate of no-shows (Chariatte et al. 2008). Instead of a strategy of deterrence, health care providers can utilize incentives for their patients on public aid. Whether in the form of parking vouchers or easing the use of public transit, health care providers can make it easier for patients to get to the appointment. For instance, the simple act of providing bus passes proved effective in improving the rate of appointment compliance (Melnikow, Paliescheskey and Stewart 1997). Health care providers unable to distribute transportation passes to all public aid patients can take advantage of government-funded programs that seek to reduce transportation difficulties. Some states provide free transportation services to non-emergency, routine medical appointments for Medicaid patients. Moreover, providing public aid patients with contact information about the transportation services available may help to reduce the rate of no-shows. Evidence indicates that the psychosocial impact of simply being

offered transportation support from medical staff may in fact contribute to improved attendance rates since patients may feel the staff effort highlights the need to attend the next appointment (Marcus 1992).

THE ROLE OF COMMUNITY HEALTH AND SOCIAL WORKERS

A strong social service team includes a social worker and several community health workers (CHWs). Together they can strengthen the chronic health management and continuity of care for poor individuals. Medical social workers are important actors in the medical provision teams. They not only recruit, train, and supervise CHWs, they also ensure that adequate services are provided and, in conjunction with physicians, identify patients likely to benefit from the services of a community health worker.

Community health workers, who are not required to hold advanced degrees, operate under the supervision of a licensed social worker. According to the Patient Protection and Affordable Care Act of 2010, a CHW is "an individual who promotes health or nutrition within the community in which the individual resides" (5313). Recruiting CHWs from within the community to manage chronic disease is expected to not only help low-income patients overcome the sociocultural barriers that can limit their access to healthcare, but also to empower community members to promote collective neighborhood wellness.

In order to accomplish the goal of wellness promotion, CHWs provide low-income patients with culturally and linguistically appropriate education about the nature of their chronic disease. They enhance effective communication and coordination between patients and the care provider. They seek to promote patient adherence to care by engaging in regular home visits and phone calls to the affected individual.

Medical providers are incentivized to utilize the services of community health workers through federal, state, local, and private grant funding. For example, section 5313 of the Patient Protection and Affordable Care Act of 2010 is entitled "Grants to Promote the Community Health Workforce" and provides interested medical providers with the necessary financial resources to recruit, train, and financially compensate these valuable workers.

The government's investment in community health workers has been driven by the evidence-based successes of these professionals in controlling chronic diseases among low-income individuals. For example, a study at the Children's Hospital Boston, the top-ranked children's hospital in the United States, attributed the utilization of CHWs in an asthma initiative program to a 64% reduction in pediatric asthma-related emergency department visits (Bramwell 2011). In addition, the program was found to

significantly reduce hospital costs with a return on investment (Woods et al. 2011). In this program, CHWs helped to manage this chronic condition by educating parents about asthma triggers and reminding patients to attend appointments and ultimately to follow through with health plans. In addition, CHWs played a significant role in linking low-income patients to resources such as transportation services to help reduce barriers to treatment compliance.

CONCLUSION

Chronic disease management based on preventive health-care coordination may be said to represent the future of health-care delivery in the United States. This model of illness management in which individuals are encouraged to monitor their condition through regular contact with health provision teams may prove to be especially valuable for low-income individuals. Chronic disease management is significant because it is cost-effective from the provider, patient, and hospital system perspective. Perhaps more importantly, this model of care delivery is likely to improve the health outcomes of low-income populations struggling to manage chronic illness progression for diseases such as asthma and diabetes. In order to ensure chronic disease management is implemented effectively, appointment-scheduling systems must be revised to reduce the rate of missed appointments among low-income populations. In addition, social service professionals must be utilized to improve patient education and medical regimen compliance. Adapting health management models to reduce inequity between non-poor and poor patients is likely to positively contribute to the United States health-care system from both a social and economic perspective.

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